

## **Participant Agreement**

Name:	Day Phone:
Address:	Evening Phone:
City, State, Zip:	Email:
Event Location:	Event Date:
In case of emergency, please contact	
Name:	Relationship:
Phone: Day	Evening
Undersigned, arising from any and all injudentakes to indemnify, hold harmless adamages, actions, liability and expenses is connection with bodily injury including dout of the Undersigned's activities and particles and particles and particles are undersigned further acknowledges as whatsoever for any property of the Undersigned.	als, employees and agents, from liability related to the ry to persons and damage to property, and further agrees and addefend the County from and against any and all claims, including attorney's fees and other professional fees in eath, personal injury and/or damage to property arising from carticipation in volunteer services at the above County Event.  Indicate that the County does not assume any responsibility resigned and the Undersigned shall not hold the County liable ersigned give their permission to be photographed and have ons.
Participant Signature:	Date:
For Youth Under 18 Years of Age	
Signature of Guardian:	Date: